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CONFIRMATION NO. 3965

<b>SERIAL NUMBER</b> 10/801,550	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1638	<b>ATTORNEY DOCKET NO.</b> YALE-055/01US
<b>APPLICANTS</b> Stephen L. Dellaporta, Branford, CT; Maria A. Moreno, Branford, CT;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/794,384 02/28/2001 PAT 6,743,968 which claims benefit of 60/185,524 02/28/2000 <i>DDF</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none DDF</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/29/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>allowance</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 58249				
<b>TITLE</b> Methods and compositions to reduce or eliminate transmission of a transgene				
<b>FILING FEE RECEIVED</b> 859	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	